

	Department: Provider Network Solutions Function: Credentialing	Guideline Number: PR-CRED-B013
Credentialing Criteria - Practitioners	Initial Effective Date: 04/03/20025	
	Last Review Date: 11/5/2025	
	Last Revision Date: 04/14/2026	
	Next Review Date: 04/03/2027	
	Owner: Manager Credentialing	
	Approving Authority: Corporate Credentials Committee	

Background

Each Practitioner that applies for participation will be evaluated using the following criteria established by the Corporate Credentials Committee.

Practitioners include but are not limited to:

Advanced Practice Nurse Practitioner; Audiologist; Certified Nurse Midwife; Certified Occupational Therapy Assistant; Certified Physical Therapy Assistant; Certified Registered Nurse Anesthetist; Doctor of Chiropractic; Doctors of Dental Surgery; Doctors of Medicine in Dentistry; Doctor of Osteopathic; Doctors of Medicine; Doctor of Podiatric Medicine; Licensed Assistant Behavioral Analyst; Licensed Athletic Trainer; Licensed Dietician; Licensed Behavioral Analyst; Licensed Clinical Addition Counselor; Licensed Clinical Psychotherapist; Licensed Clinical Professional Counselor; Licensed Professional Counselor; Licensed Masters Addiction Counselor; Licensed Marriage and Family Therapist; Licensed Clinical Marriage and Family Therapist; Licensed Master Social Worker; Licensed Respiratory Therapist; Licensed Specialist Clinical Social Worker; Occupation Therapy; Optometry; Physician Assistant; Psychologist; Licensed Master Level Psychologist; Licensed Psychologist; Physical Therapy; Registered Behavior Technician; Registered Pharmacist; Speech Language Pathologist

Procedure

Application Criteria

- Practitioners must complete a Council for Affordable Quality Healthcare (CAQH) application.
- Applications and supporting documents must be current, complete and signed/attested.
- At the time of initial credentialing, Blue Cross and Blue Shield of Kansas (BCBSKS) will obtain and verify documentation that demonstrates that the Applicant meets BCBSKS credentialing criteria for network participation.

Required Documentation

Applicants must provide:

- Current, unrestricted state licensure.
 - Applicants must have a current, active, unencumbered and unrestricted license to practice medicine in Kansas. The licensure must be at the full clinical level of practice. Full clinical practice level is defined as an unrestricted license that is not subject to probation or limitations on the scope of practice ordinarily granted all other Applicants for similar specialty in the granting jurisdiction. A license on probation or with limitations or restrictions does not meet the definition of full clinical level of practice. A temporary license will only be accepted from the Behavioral Science Regulatory Board for a Master Level Provider seeking clinical hours to

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- advance their license.
- History of education and training with explanations for gaps over 3 months.
- Ten years of work history (or since graduation), with explanations for gaps over 3 months.
- DEA registration (if applicable).
- Hospital privileges or admitting arrangements (for MDs/DOs, with exceptions).
- Proof of current malpractice insurance coverage meeting Kansas requirements.
 - Include the Applicant's name, effective and expiration dates. If the Applicant's malpractice coverage is part of a group policy, then the following will be accepted as verification of the Applicant's individual coverage: The group's professional liability certificate indicating coverage in Kansas; the group's roster indicating who is covered by the policy on the group's letterhead; or an email with the signature line clearly stating the name of the group for the Applicant being credentialed.
- Proof of participation in the Kansas Healthcare Stabilization Fund (HCSF).
 - HCSF is required for all MDs, DOs, PAs, Chiropractors, DPMs, CRNAs and Nurse Midwives who are licensed in the State of Kansas. Providers who are non-compliant with the Kansas Healthcare Stabilization Fund must become compliant before credentialing can be completed.
- Disclosure of professional liability claims, sanctions, privilege actions, criminal convictions, substance use or misconduct investigations.
- Signed attestation verifying accuracy of the application.

The outlined criteria and documents must be maintained on an on-going basis by all practitioners who participate with Blue Cross and Blue Shield of Kansas.

Process Flow Chart (if applicable)

Related Forms (Professional Provider Type Credentialing Requirements)

Validation (if applicable)

Review/Revision Log

Effective Date	Description of Change	Approved By
04/01/2025	New	Corporate Credentials Committee
11/05/2025	Added start and end month and year to #8. Added DPM's to #9. Added Related Forms: Professional Provider Type Credentialing Requirements	
04/14/2026	Updated list of practitioners to be included. Added Application Criteria Annual Review	

Associated Documents (e.g., policies, procedures, process, standards)

Document Number	Document Name
PR-CRED-A001	Practitioner and Facility Credentialing and Re-Credentialing